**HAPPY SPRING!**

**BY ARDITH ASPAAS, EMERGENCY MEDICAL SERVICES FOR CHILDREN NURSE CONSULTANT**

There is something about the Spring season that brings a certain energy of excitement and vitality - maybe it is the greenery returning to the landscape, the animals coming out of hibernation, the sun rising earlier to warm the earth, or hearing the excited birds singing in the early morning.

One of the best musical expressions of this energy is captured by Antonio Vivaldi’s ‘Spring’ from the Four Seasons. He beautifully channels the sweetness of spring, evoking feelings of frolic and whimsy. It is truly uplifting and inspiring.

In this Spring issue of the *Nurse’s Cap* you will find articles detailing projects the Division of Nursing Services is collaborating on with our partners for our youngest and newest patients-infants, children, and adolescents. Our job is to ensure they receive equitable health care from highly-skilled and competent providers who have trained to meet their specific needs with baby-friendly best practices, pediatric readiness, and disaster preparedness.

We hope you find inspiration in this edition. Visit the Wellness Corner for ideas on ways to relax and unwind and help recognize the Nurse of the Month recipients from the last quarter. Also don’t forget to nominate your nurse hero for Nurse of the Month.
BABY-FRIENDLY HOSPITAL INITIATIVE
by Mandy Anderson, RN, Obstetric Inpatient/Women’s Clinic Nurse Manager, Claremore Indian Hospital

Claremore Indian hospital has been Baby-Friendly designated since 2013.

A Baby-Friendly Hospital must follow the ten steps outlined by the World Health Organization (WHO) to achieve Baby-Friendly hospital designation. Following these Ten Steps to Successful Breastfeeding are fundamental to breastfeeding success. Breastfeeding has many benefits to both mother and infant, studies have shown giving infants human milk reduces serious illness compared to those who never receive breast milk. Benefits include reduced risk of Sudden Infant Death Syndrome (SIDS), childhood cancer and diabetes. A mother’s risk of breast and ovarian cancer, adult onset diabetes, and high blood pressure are also reduced.

Baby-Friendly Hospital Initiative (BFHI) is a means of educating families on the importance of breastfeeding and allows a mother flexibility in her approach to breastfeeding with the support of hospital resources. Following this pathway requires organizations to commit to the Baby-Friendly philosophy and implement essential practices such as rooming-in with newborns, and applying skin-to-skin contact during breastfeeding. This fosters enriched communication to improve trust between patient and healthcare provider, thus contributing to positive outcomes. A committed team approach, improves mother and infant dyad compliance to Baby-Friendly practices and dedicates time and energy to the essential mother-child bond in early infant development.

Claremore Indian Hospital has successfully committed to the Baby-Friendly philosophy with the support from leadership and the community. We provide effective training and resources to the healthcare team to enhance patient outcomes and help give our new mothers and their babies the best start for breastfeeding success.

BABY-FRIENDLY HOSPITAL INITIATIVE FACTS FOR IHS
by Tina Tah, Senior Nurse Consultant, Public Health Nursing

Baby Friendly Hospital Initiative (BFHI) began as part of the Let’s Move! in Indian Country Initiative, which in turn was part of the First Lady Michelle Obama’s Let’s Move! Initiative in 2011.

- The Let’s Move! in Indian Country initiative sought to reduce the rates of childhood obesity in American Indian and Alaska Native (AI/AN) children

The IHS hospitals in North Dakota, South Dakota, New Mexico, Oklahoma, and Arizona were all the first hospitals in their state to achieve Baby Friendly hospital designation.

IHS Breastfeeding rates have increased from 29% in 2013 to 38.6% in 2020.

Working together as an entire agency is critical for success.

Breastfeeding is a priority for good health and a positive foundation for the next generation.

IHS Baby Friendly hospitals are required to seek re-designation every 5 years.
HYBRID SIMULATION TRAINING PROJECT

BY ELIZABETH SANSEAU, MD, CHILDREN’S HOSPITAL OF PHILADELPHIA

The Indian Health Service (IHS) Emergency Medical Services for Children (EMSC) program and Children’s Hospital of Philadelphia are collaborating on an education program designed to improve pediatric emergency preparedness in the IHS and Tribal setting. The project is supported by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau EMSC program and partnering with EMSC Innovation and Improvement Center (EIIC) National Pediatric Readiness Project (NPRP).

The mission of the project is to optimize pediatric emergency preparedness by participating in a simulation-based education program that connects practitioners working in remote emergency departments (EDs) across the IHS and Tribal health system to specialists at academic medical centers (AMCs).

To date, we have engaged in intensive relationship building between AMCs and ED sites. We have developed a needs-informed simulation-based curriculum. The ED partners have assigned local pediatric champions, or Pediatric Emergency Care Coordinators (PECCs) that serve as a program facilitator. Starting in March 2022, AMC representatives are traveling to meet the PECCs in person at the following ED sites: Fort Defiance, Gallup, Zuni, Whiteriver, Chinle and Rosebud. These visits will include conducting in-person simulations and collecting National Pediatric Readiness Project scores.

Following the visits, the AMC-PECC pairs will co-facilitate a remote simulation curriculum while continuing an on-going needs assessment to inform the development of future simulation scenarios. Our work to date has focused on building a strong foundation; for the remainder of the fiscal year we will be conducting travel and in-person and remote simulations. We look forward to recruiting six additional sites for the upcoming year. If your hospital is interested please reach out to Ardith Aspaas (ardith.aspaas@ihs.gov) and Dr. Elizabeth Sanseau (elizabeth.sanseau@gmail.com) for more information.
PEDIATRIC PANDEMIC NETWORK

BY THE PEDIATRIC PANDEMIC NETWORK, A HRSA-FUNDED INITIATIVE

New network aims to improve equity for children in disasters and emergencies.

Children have unique physiological, emotional, and developmental characteristics that require specialized care—needs that are only intensified in emergency and disaster situations. Yet more than 80 percent of acutely ill and injured children in the United States seek care in community emergency departments (EDs), which have varying levels of pediatric readiness. In 2013, the National Pediatric Readiness Project found that less than half of U.S. EDs report having a disaster plan that included children.

To address these gaps in pediatric care, in 2021, the Health Resources and Services Administration (HRSA) announced the award of a $9.7 million/year grant to five children’s hospitals located in geographically diverse regions across the United States to establish the Center for Pediatric Everyday Readiness-Pediatric Pandemic Network (PPN). The goal of the network is to empower all children’s hospitals and their surrounding communities to provide high-quality, equitable care to children during disasters and global health threats, in part by improving readiness for everyday pediatric emergencies.

The network brings together multidisciplinary experts—including nurses, physicians, researchers, child advocates, and others—from the five children’s hospitals and the work of national partners: the Emergency Medical Services for Children Innovation and Improvement Center, funded by HRSA, and two Pediatric Disaster Centers of Excellence, funded through the Office of the Assistant Secretary for Preparedness and Response. The PPN has a specific focus on improving equity of care: in disasters, inequities are often further exacerbated, and rural, underserved, and historically marginalized communities are at greatest risk. The PPN’s Equity and Regionalization Domain will advance health equity for children in all phases of disaster planning, response, and recovery by working with rural, remote, critical access, and tribal hospitals to ensure diverse community and family perspectives are included in pediatric readiness initiatives.

FOR MORE INFORMATION OR TO GET INVOLVED

visit pedspandemicnetwork.org

THE NURSE’S CAP

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MARCH
ALONNA ADAIR

Ms. Alonna Adair is the Chief Nurse Executive at the Claremore Indian Hospital. She has made strides in education and quality improvement.

For more on her accomplishments, follow the link: https://www.ihs.gov/sites/nursing/themes/responsive2017/display_objects/documents/DNSNOM032022.pdf.

JANUARY
MICHELLE LIVINGSTON

LCDR Michelle Livingston is Director of Nursing and Infection Preventionist at Chemawa Indian Health Center/Western Oregon Service Unit in Salem Oregon.


FEBRUARY
CHRISTINA MORIN

Christina Morin is a Community Health Nurse and facility Vaccine for Children (VFC) Coordinator, providing vaccinations to all patients ages birth to 18, and is the COVID-19 Vaccine Point of Contact and Coordinator for her facility.

Follow the link to read her biography: https://www.ihs.gov/sites/nursing/themes/responsive2017/display_objects/documents/DNSNOM022022.pdf.

MARCH
ALONNA ADAIR

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**Wellness Corner**

**TRY SOMETHING NEW**

Have you ever wanted to try something new— a fitness class, painting, playing an instrument? Why not give it a try?

**TAKE SMALL STEPS**

Many articles, blogs, books, health coaches recommend starting small to develop a healthy new habit. Being consistent is key.

**BE PATIENT**

One of the most important factors is being patient with yourself. Your are learning, growing and experiencing.

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**FIND INSPIRATION AND RELAXATION IN THE SEASON**

by Division of Nursing Services, IHS Headquarters

Spring’s seasonal renewal has a profound effect on us and our environment. Music, poems, and stories have been composed to speak of this powerful process of renewal and reawakening. In the spirit of Spring be inspired to discover what relaxes you, feeds your creativity, rejuvenates your spirit, or gives you peace. Reinvigorate yourself with a healthy habit or a new hobby, and let it grow. Sometimes trying something new is all it takes, or revisit an activity that relaxes you. Read on for a few ideas to help inspire you, or visit the Federal Occupational Health webpage for resources on health and productivity at [https://magellanascend.com/Content/View/19491?ccid=hpZiwITni%2FVKNrZqvUQNB6H843mPpM2G6XP9mLkU80g%3D](https://magellanascend.com/Content/View/19491?ccid=hpZiwITni%2FVKNrZqvUQNB6H843mPpM2G6XP9mLkU80g%3D).
GARDENING

Gardening is one of those activities that engages all your senses and gets you outside to enjoy the warmth of the sun. It can be a community activity or a solo adventure. Some may find solace, others may find a renewed appreciation for mother earth and the fruit she bears, or empowerment in cultivating their own food. The benefits of gardening can be relaxing and rejuvenating.

COLOR THERAPY

Chromotherapy, also called color therapy has been around since ancient Egyptian times. It is said to have influence on mood and health. Today, color therapy can be enjoyed through adult coloring books and painting.

POSITIVE REMINDERS

Positive reminders are helpful in resetting thinking and attitudes. We all need them. Positivity inspires gratitude, decreases pain and improves physical health. Breath and relax.
PROGRAM CROSSWORD PUZZLE

by Captain Stacey Dawson, PhD
IHS HQ Women’s Health /APN Consultant
Across

2. What university did the Director, DNS receive her BSN from in 1993?

5. The Division of Nursing Services is collaborating with the CDC to create culturally relevant materials for the _______ Her Campaign.

6. What is the service provided by PHNs designed to support and enable patients to manage their life with a disease and/or optimize their health and well-being?

7. The use of a public health nurse as a case manager helps to reduce the ________ of health care.

8. The ________ Study tests a personalized, risk-based approach to breast cancer screening.

10. The IHS PHN grant is to improve specific behavioral health outcomes using the Public Health Nurse as a ________.

11. Children’s Hospital of Philadelphia, also known as __________, are helping ED staff to become competent in the care of children and newborns during pediatric emergency situations.

13. The primary goal of the IHS Emergency Medical Services for Children program is to improve ________ readiness in emergency departments.

15. What activity does the Baby Friendly hospital designation strive to increase so as to create a healthy start in life and prevent childhood obesity?

18. What is another word for "vaccines" that can prevent many life threatening diseases which Public Health Nursing (PHN) programs may provide at community events?

19. Acronym for Geriatric Emergency Department Accreditation.

Down

1. A Pediatric Emergency Care Coordinator (PECC) is also known as a pediatric ____________.

3. PHN case management involves the client, family, and other members of the ________ care team.

4. A hybrid training program allows facilities the ability to receive pediatric training via in-person and ____________; providing ED staff the opportunity to practice low-volume, high-need clinical skills.

7. What is one area of specialized focus of the PHN program?

9. What academic institution recently opted to include IHS Nursing in their longstanding MOA with IHS?

12. Sites participating in the IHS Hybrid Simulation Training project with CHOP are paired with an Academic Medical Center (AMC) ____________ with specific experience in pediatrics and simulation-based education.

14. DNS is providing program management support for the ____________ Care Response Team (CCRT).

16. DNS is working with federal partners to adapt the HHS MCH ____________ Planning Toolkit.

17. Title_____ Urban Indian health programs are eligible to apply for the IHS PHN grants.